2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P07000035713

Entity Name: DENTAL SYSTEMS PROVIDERS OF FLORIDA, INC.

Current Principal Place of Business:

1642 MEDICAL LANE
SUITE A
FORT MYERS, FL 33907 US

New Principal Place of Business:

6820 PORTO FINO CIR.
2
FORT MYERS, FL 33912 US

Current Mailing Address:

11084 SIERRA PALMS COURT
FORT MYERS, FL 33966 US

New Mailing Address:

FEI Number: 20-8996702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSELLINI, LOUIS F
11084 SIERRA PALMS COURT
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: ROSELLINI, LOUIS F
Address: 6820 PORTO FINO CIR. STE 2
City-St-Zip: FORT MYERS, FL 33912 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LOUIS ROSELLINI CEO 01/05/2012

Electronic Signature of Signing Officer or Director Date